MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02776

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Carroll MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Sykesville

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY ----

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City

STREET ADDRESS (If rural, give location) 536 E. 38th St.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Andrew	Jackson	Abell	March	19	1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	single	11-22-70	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
landscaping	-----	St. Mary's co. Md.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Leo Abell	Mary Anne Abell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
unknown unknown	unknown	Records of Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchopneumonia	several days
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Grippe	7 days
DUE TO		
	(c)	

480.5

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis — more than 2 years

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
Dec. 1949	Prostatectomy	Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
----		----		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
----			M.		----

22. I hereby certify that I attended the deceased from 1-5, 19.50., to 3-19, 19.52., that I last saw the deceased alive on 3-19, 1952., and that death occurred at 9.15 Pm., from the causes and on the date stated above.

SIGNATURE Martin Gross, M.D. (DEGREE OR TITLE) ADDRESS Sykesville, Md. DATE SIGNED 3-19-52

Martin Gross, M.D.

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/24/52	Holy Cross	Ritchie Highway

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 22 1952	R.W	John F. Denny, Inc.	715 Light St.

Items 8,9: Film G140 3-31-52 L

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 8257

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Carroll — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville — LENGTH OF STAY (in this place): 6 yrs 6 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md — COUNTY: Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 4815 Montgomery Lane
STREET ADDRESS (If rural, give location): Bethesda

3. NAME OF DECEASED: (Type or Print) (First) Katherine (Middle) Solomon (Last) Ogden

4. DATE OF DEATH: (Month) May (Day) 18 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 8-18-1872

9. AGE last birthday: 79 yrs.
IF UNDER 1 YEAR: Months 3 | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Ontario Port Dalhousie Canada

12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME: Lewis Newton

14. MOTHER'S MAIDEN NAME: Bridget Dervan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Ruth L. Morgan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Chronic Myocarditis	10 yrs
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Cerebral Arteriosclerosis	10 yrs
DUE TO		
	(c)	

422.1

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 22, 1950, to Jan 18, 1952, that I last saw the deceased alive on Jan 18, 1952, and that death occurred at 7:45 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

W. Martin Mc — Sykesville — Jan 18 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3-20-52 — NAME OF CEMETERY OR CREMATORY: Glenwood — LOCATION (City, town, or county) (State): Washington D. C.

DATE REC'D BY LOCAL REG.: Mar. 19 1952 — REGISTRAR'S SIGNATURE: C Harry Heer

24. FUNERAL DIRECTOR — ADDRESS

Robert A Pumphrey Jr — Bethesda Md

RECEIVED
MAR 21 1952
BUREAU V. S.

02778

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
LENGTH OF STAY (in this place) entire life
HOSPITAL OR INSTITUTION OR STREET ADDRESS near Medford

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Westminster
STREET ADDRESS (If rural, give location) near Medford

3. NAME OF DECEASED (Type or Print) (First) NORA (Middle) LOUISE (Last) BAILE
4. DATE OF DEATH (Month) March (Day) 6 (Year) 1952
5. SEX f.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH June 19 1881
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house-wife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Carroll Co. - Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME David Englar, Jr.
14. MOTHER'S MAIDEN NAME Martha E. Shepherd
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —
16. SOCIAL SECURITY No. 218-24-1860
17. INFORMANT AND ADDRESS Mrs Wm. H. Crusey, Westminster Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of L. Lung	1 yr.
170x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of L. Breast	18 mos
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Dec. 28, 50
19b. MAJOR FINDINGS OF OPERATION Carcinoma of L. Breast
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 5, 1950 to Mar. 6, 1952, that I last saw the deceased alive on Mar. 6, 1952, and that death occurred at 12:50 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Fennis K. Woodward, MD. ADDRESS Westminster DATE SIGNED 3/7/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF March 8, 52
NAME OF CEMETERY OR CREMATORY Meadow Branch
LOCATION (City, town, or county) (State) Rural, Westminster Md.
DATE REC'D BY LOCAL REG. 3/7/52
REGISTRAR'S SIGNATURE F. K. Woodward
24. FUNERAL DIRECTOR J. E. Myers Jr. ADDRESS Westminster Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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RECEIVED
MAR 10 1952
BUREAU V.

02779

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster; LENGTH OF STAY (in this place) 23 yrs; STATE MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. 5

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster; STREET ADDRESS (If rural, give location) R.D. 5

3. NAME OF DECEASED (Type or Print): (First) FRANK (Middle) RICHARD (Last) BAKER

4. DATE OF DEATH: (Month) MARCH (Day) 28 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Feb. 25-1877

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer tenant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jamie Baker

14. MOTHER'S MAIDEN NAME: Ellen Cunnington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Hazel Frizzell Westminster R.D.5. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chr. Myocarditis, Hypertension (Ch) / Hypertension

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 443X

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to Mar. 28, 1952, that I last saw the deceased alive on Mar. 27, 1952, and that death occurred at ....m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED
W.C. Jamuth M.D. | | Westminster Md. | 3-28-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF March 30 1952 | NAME OF CEMETERY OR CREMATORY Deer Park Cemetery | LOCATION (City, town, or county) Westminster | (State) Md.

DATE RECD BY LOCAL REG. 3/29/52 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR H. Bankard Son | ADDRESS Westminster Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. MS 1

RECEIVED
MAR 31 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02780

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville; LENGTH OF STAY (In this place) Since 9/13/50
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) 429 N. Robinson St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Wade	Hampton	Barnes	March	14	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	married	8-24-81	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Insurance Salesman	Insurance	Northumberland Co., Virginia	United States

13. FATHER'S NAME: William F. Barnes

14. MOTHER'S MAIDEN NAME: Everette Elizabeth Prosser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
unknown	----	unknown	Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial infarct	about 4 days
481X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Grippe	4 days
	(c) Arteriosclerosis	More than 10 years.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Psychosis with cerebral arteriosclerosis	About 2 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
----	----	Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
----	----	----		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
----			m.		----

22. I hereby certify that I attended the deceased from Sept. 13, 1950, to March 14, 1952, that I last saw the deceased alive on March 14, 1952, and that death occurred at 1:30 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Martin Gross, M.D.		Sykesville, Maryland	3-14-52

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	3/17/52	Holy Redeemer Cem.	Balto., Md.	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 15, 1952	R.W.	Wm. J. Tickner & Sons	Balto 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
LENGTH OF STAY (in this place) 29 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS N. Center St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
STREET ADDRESS (If rural, give location) N. Center St.

3. NAME OF DECEASED (Type or Print) (First) JACOB (Middle) BINGHAM (Last)
4. DATE OF DEATH (Month) March (Day) 26 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH July 2-1873
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer - Farm
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Bedford Co. Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME not known
14. MOTHER'S MAIDEN NAME not known
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Samuel Ibey W. Main St. Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhages — INTERVAL BETWEEN ONSET AND DEATH 2 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1950, to Mar 26 1952 that I last saw the deceased alive on Mar 24, 1952 and that death occurred at 3:40 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) G. Reese Wilkens, M.D. ADDRESS Westminster DATE SIGNED 9/27/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Mar. 29-1952
NAME OF CEMETERY OR CREMATORY Meadow Branch
LOCATION (City, town, or county) Westminster (State) Md.

DATE REC'D BY LOCAL REG. 3/27/52
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR H Bankard & Son Westminster ADDRESS Md.

RECEIVED
MAR 31 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]782

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reese
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cappel Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cranberry
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) Agnes (Middle) R. (Last) Black
4. DATE OF DEATH: (Month) Mar (Day) 13th (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED,~~ (Specify) Widowed
8. DATE OF BIRTH: 7/27/1869
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: August Sittig
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Helen Hornig 4714 Edmondson Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion (gradual onset) — INTERVAL BETWEEN ONSET AND DEATH: 5 weeks
DUE TO
420.1
Antecedent cause(s) (b) arteriosclerosis — 8 years
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. glaucoma, partial blindness 2 yrs +

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1949, to Mar 13, 1952 that I last saw the deceased alive on Mar 12, 1952, and that death occurred at 9:30 A.m., from the causes and on the date stated above.
SIGNATURE (DEGREE OR TITLE) Reese Wilkens M.D. ADDRESS Westminster DATE SIGNED 3/13/52

23. BURIAL, ~~CREMATION REMOVAL (Specify)~~: Burial
DATE THEREOF 3/15/52
NAME OF CEMETERY ~~OR CREMATORY~~ Balto
LOCATION (City, town, or county) (State) Balto. Md.
DATE REC'D BY LOCAL REG. 3/14/52
REGISTRAR'S SIGNATURE A W Hedrick
24. FUNERAL DIRECTOR Wm Cook Inc. 1217 St. Paul St. ADDRESS

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton; LENGTH OF STAY (in this place) 5yrs 3 mths 17 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 17
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL	STREET ADDRESS (If rural, give location) 1560 Clifton Avenue ✓

3. NAME OF DECEASED (Type or Print)	(First) MARY	(Middle) EDNA	(Last) BOARDLEY	4. DATE OF DEATH	(Month) March	(Day) 24	(Year) 1952
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH April, 29, 1921	9. AGE last birthday 30 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic	10b. KIND OF BUSINESS OR INDUSTRY Priv. family	11. BIRTHPLACE (State or foreign country) Macon, N. Carolina	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME Macey Crosson	14. MOTHER'S MAIDEN NAME Mary Sherron						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 216-14-0713	17. INFORMANT AND ADDRESS Deceased					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) War Advanced bilateral cavitary pulmonary tuberculosis	5yrs. 7 mths.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 7, 1946, to Mar. 24, 1952, that I last saw the deceased alive on Mar. 24, 1952, and that death occurred at 6:45 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
T. F. Vestal	M. D.	Henryton, Maryland	3/24/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Mar. 28, 1952	NAME OF CEMETERY OR CREMATORY Arbutus Memorial Park	LOCATION (City, town, or county) (State) Arbutus, Maryland
DATE REC'D BY LOCAL REG. 3/24/52	REGISTRAR'S SIGNATURE Albert R. [illegible]	24. FUNERAL DIRECTOR Mrs Edward Ringold	ADDRESS

Deputy Local

1463 N Carey St Balto

RECEIVED
MAR 28 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8 51

1. PLACE OF DEATH:

COUNTY: CARROLL — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: RURAL, SYKESVILLE

LENGTH OF STAY (in this place): 1 mo; 10 da

HOSPITAL OR INSTITUTION OR STREET ADDRESS: SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural, give location): 4611 Roland Avenue

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
JOHN	NORMAN	BOLGIANO	March 31 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
MALE	WHITE		2-24-05	47 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Unk -

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: CHARLES J. BOLGIANO

14. MOTHER'S MAIDEN NAME: EMILY C. ROBINSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk -

16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service) Unk -

17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Acute hemorrhagic pancreatitis — DUE TO

5870

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) 10 days

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
3/16/52	Peritonitis - source undetermined	Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) M. — I INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 19, 19 52, to March 31 1952, that I last saw the deceased alive on March 31, 19 52 and that death occurred at 1:45 p.m., from the causes and on the date stated above.

SIGNATURE AND TITLE OF CERTIFIER: Henry C. A. Mead, M. D. — ADDRESS: Springfield State Hospital, Sykesville, Md. — DATE SIGNED: 3-31-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4-3-52 — NAME OF CEMETERY OR CREMATORY: Freemount — LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: April 1, 1952 — REGISTRAR'S SIGNATURE: C. Henry Dew

24. FUNERAL DIRECTOR — ADDRESS: John A. Mitchell & Sons 1900 Eastern Ave.

RECEIVED
APR 7 1982
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH — COUNTY: Carroll — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville — LENGTH OF STAY (in this place): since 11/30/50
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
STREET ADDRESS (If rural, give location): 5126 Belair Rd. ✓

3. NAME OF DECEASED (Type or Print): (First) LaVar (Middle) (Last) Campbell
4. DATE OF DEATH: (Month) March (Day) 16 (Year) 1952
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 11-14-72
9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer in City Highway Dept.
10b. KIND OF BUSINESS OR INDUSTRY: Work
11. BIRTHPLACE (State or foreign country): Philadelphia, Pennsylvania
12. CITIZEN OF WHAT COUNTRY?: United States
13. FATHER'S NAME: George Campbell
14. MOTHER'S MAIDEN NAME: Charlotte ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown — (If yes, give war or dates of service): unknown
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT AND ADDRESS: Records, Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia — 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral hemorrhage — 5 days

32.1X (c) Arteriosclerosis — more than 3yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arteriosclerosis — ca. 1½ yrs

19a. DATE OF OPERATION: ------ — 19b. MAJOR FINDINGS OF OPERATION: ------ — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ------ — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: -- — (CITY OR TOWN) --- (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) ----- m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? -----

22. I hereby certify that I attended the deceased from 11-30-, 1950, to 3-16, 1952, that I last saw the deceased alive on 3-16, 1952, and that death occurred at 8.00 pm., from the causes and on the date stated above.

SIGNATURE: Martin Gross, M.D. (Degree or title) — ADDRESS: Sykesville, Md — DATE SIGNED: 3-16-52

Martin Gross, M.D

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE THEREOF: March 21, 1952 — NAME OF CEMETERY OR CREMATORY: Sykesville Cemetery — LOCATION (City, town, or county): Delta — (State): Pa

DATE REC'D BY LOCAL REG.: March 17, 1952 — REGISTRAR'S SIGNATURE: C. Harry Weer — 24. FUNERAL DIRECTOR: Herbert P. Barbin — ADDRESS: Delta Pa

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 18 1952
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll; CITY OR TOWN Sykesville; MARYLAND; LENGTH OF STAY (In this place) 62 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY OR TOWN Sykesville; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Massena (Last) Chipley

4. DATE OF DEATH: (Month) (Day) (Year) Mar. 1, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 25, 1866

9. AGE last birthday: 85 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Book-keeper

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Stephen C. Chipley

14. MOTHER'S MAIDEN NAME: Anna Waltz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-09-0281

17. INFORMANT AND ADDRESS: Richard Chipley, Sykesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Hypertensive cardiovascular

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) disease with chronic myocarditis and

(c) chronic interstitial nephritis — Interval Between Onset and Death: 25+ years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. senile changes

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1940, 19..., to 1 March, 1952, that I last saw the deceased alive on 1 March, 1952, and that death occurred at 11:55 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C.T. Laurent M.D. Sykesville P.O. Md. 2nd March 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Mar. 4, 1952

NAME OF CEMETERY OR CREMATORY: Springfield

LOCATION (City, town, or county) (State): Sykesville, Md.

DATE REC'D BY LOCAL REG.: Mar. 3, 1952

REGISTRAR'S SIGNATURE: A. Nancy Meer

24. FUNERAL DIRECTOR ADDRESS: Meer & Haight, Sykesville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 16 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-AIS 8-51

1. PLACE OF DEATH:

COUNTY: Carroll — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Sykesville Md.

LENGTH OF STAY (in this place): 12 Yrs. 10 Mo.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. COUNTY: Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland.

STREET ADDRESS (If rural, give location): Unk.

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)
Margaret Connell	Mar. 2 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	4-10-1384	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housekeeper		Braddock, Pa.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Adam Fleckenstein	Margaret Carrigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	2 weeks.
0254 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) General paresis	20 Yrs.
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY — M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 19 50 to Mar. 2, 19 52, that I last saw the deceased alive on Mar. 2, 19 52, and that death occurred at 1-35 P.M., from the causes and on the date stated above.

SIGNATURE: Walter H. Sonnenfelt M.D. (DEGREE OR TITLE) ADDRESS: Springfield State Hospital DATE SIGNED: 3/2/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/5/52	St. Patricks Cem.	Cumberland Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar. 3, 1952	C. Harry Kerr	Louis Stein, Cumberland, Md.	

RECEIVED
MAR 6 19
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Sykesville - Rural Station #1 - 25 days
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Montgmoery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Gaithersburg
STREET ADDRESS (If rural, give location): Rural Delivery #3

3. NAME OF DECEASED: (Type or Print) (First) Fanny (Middle) May (Last) Crawford

4. DATE OF DEATH: (Month) March (Day) 9 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 5/1/92 Unknown

9. AGE last birthday: 59 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Gaithersburg, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Andrews

14. MOTHER'S MAIDEN NAME: Mary Frances Andrews (cousin)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital records: Sykesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Bronchopneumonia	10 days
443X	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Post apoplectic condition	months
	DUE TO	
	(c) Hypertensive cardio-vascular disease	Indefinite

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arteriosclerosis — months

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/13/, 1952, to 3/9/, 1952, that I last saw the deceased alive on 3/8/, 1952, and that death occurred at 12:10 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Henry C. A. Mead, M.D. Sykesville, Md. 3/9/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 3-12-52

NAME OF CEMETERY OR CREMATORY: Forest Oak Cemetery

LOCATION (City, town, or county) (State): Gaithersburg, Md.

DATE REC'D BY LOCAL REG. 3/9/52

REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: E. C. Gartner — ADDRESS: Gaithersburg

RECEIVED
MAR 11 1952
BUREAU U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 26

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster — LENGTH OF STAY (In this place) 11le
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. # 6 Smallwood

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
STREET ADDRESS (If rural, give location) R. F. D. 6 Smallwood

3. NAME OF DECEASED (Type or Print): (First) Lillian (Middle) Mae (Last) Dobson

4. DATE OF DEATH: (Month) March (Day) 15 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: May 4, 1900

9. AGE last birthday: 51 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Carroll County, Maryland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: J. Howell Davis

14. MOTHER'S MAIDEN NAME: Bertha Roll

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Russell C. Dobson R.6 Westminster, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia,	72 hours.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Obstructive Jaundice due to	3 months
	(c) Carcinomatosis, Breast Carcinoma	3 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 June, 1951, to 14 Mar., 1952, that I last saw the deceased alive on 14 Mar, 1952, and that death occurred at 12 p.m., from the causes and on the date stated above.

SIGNATURE: Allen Monista — (Degree or title) M.D. — ADDRESS Westminster Md. — DATE SIGNED 15 Mar-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Mar. 18, 1952 — NAME OF CEMETERY OR CREMATORY: Westminster Cemetery — LOCATION (City, town, or county): Westminster — (State) Md.

DATE REC'D BY LOCAL REG. 3/17/52 — REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR: John R. Byers — ADDRESS: Westminster, Md.

RECEIVED
MAR. 19 1952
BUREAU U. S.

2790

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville — LENGTH OF STAY (in this place) since 11/19/363	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Joseph	(Middle) ---	(Last) Donnelly	4. DATE OF DEATH	(Month) 3- (Day) 20- (Year) 1952
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]	8. DATE OF BIRTH 3-27-78	9. AGE last birthday 73 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown	10b. KIND OF BUSINESS OR INDUSTRY unknown	11. BIRTHPLACE (State or foreign country) Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY? United States		
13. FATHER'S NAME Michael Donnelly	14. MOTHER'S MAIDEN NAME Mary Gilbert				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service) unknown	16. SOCIAL SECURITY NO. unknown	17. INFORMANT AND ADDRESS Records, Springfield State Hospital			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Lung abscess	2 months
4 11X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Bronchopneumonia	3 mo. ago
	(c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with mental deficiency more than 15yrs

19a. DATE OF OPERATION -------	19b. MAJOR FINDINGS OF OPERATION -------	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) -----	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY -------	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ---- m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? ----------		

22. I hereby certify that I attended the deceased from Sept. 1, 1947 to 3-20-, 1952, that I last saw the deceased alive on 3-20-52, 1952, and that death occurred at :50 A.m., from the causes and on the date stated above.

SIGNATURE Martin Gross, M.D. (Degree or title) ADDRESS Sykesville, Maryland DATE SIGNED 3-20-52

Martin Gross, M.D.

23. BURIAL, CREMATION REMOVAL (Specify) Remove	DATE THEREOF 3/21/52	NAME OF CEMETERY OR CREMATORY University Med School	LOCATION (City, town, or county) Balto City (State) Md
DATE REC'D BY LOCAL REG. Mar. 21, 1952	REGISTRAR'S SIGNATURE C Stacy Weer	24. FUNERAL DIRECTOR Thomas A Hemsley 5788 Bidwell St	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 24 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

91

Reg. Dist. No. 78

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harney
LENGTH OF STAY (in this place) 30 minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Taneytown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Levis (Middle) J. (Last) DUNLAP.

4. DATE OF DEATH (Month) Mar (Day) 11 (Year) 1952

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH April 16, 1878

9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Capenter

10b. KIND OF BUSINESS OR INDUSTRY General Building

11. BIRTHPLACE (State or foreign country) Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Ross Dunlap

14. MOTHER'S MAIDEN NAME Hannah McKee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ~~[illegible]~~ No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 193-09-3451

17. INFORMANT AND ADDRESS Mrs. L.J.Dunlap Taneytown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — minutes

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James T. Marsh Dept. (Degree or title) Medical Examiner ADDRESS Westminster Md DATE SIGNED 3.11.52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 3/14/52

NAME OF CEMETERY OR CREMATORY Morningside Cemetery

LOCATION (City, town, or county) Du Bois (State) Pa.

DATE REC'D BY LOCAL REG. March 13, 1952

REGISTRAR'S SIGNATURE Ethel M McKinney Local

24. FUNERAL DIRECTOR C.O.Fuss & Son, Taneytown, Maryland ADDRESS

RECEIVED
MAR 17 1942
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 8-51

1. PLACE OF DEATH:

COUNTY CARROLL — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL, SYKESVILLE

LENGTH OF STAY (in this place): Unk

HOSPITAL OR INSTITUTION OR STREET ADDRESS: SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY MONTGOMERY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAKOMA PARK

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
CLARA	GAITHER	FITZSIMMONS	March	17	1952

5. SEX	COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
FEMALE	WHITE	MARRIED	1883	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFF	Home	FREDERICK CO., MARYLAND	U. S. A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
HENRY NORRIS	ELIZABETH GAITHER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Unk.	?	Unknown	HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) BRONCHOPNEUMONIA	2 weeks
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE	Indefinite
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. PSYCHOSIS WITH CEREBRAL ARTERIOSCLEROSIS — Indefinite

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 15, 1952, to March 17, 1952, that I last saw the deceased alive on March 17, 1952, and that death occurred at 2:35 a.m., from the causes and on the date stated above.

SIGNATURE Henry C. Read M.D. (DEGREE OR TITLE) ADDRESS Springfield State Hospital, Sykesville, Md. DATE SIGNED March 17, 1952

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/19/52	Gaithersburg	Gaithersburg Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar. 17, 1952	C. Harvey Weer	E. L. Gaither	Gaithersburg Md

RECEIVED
MAR 18 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 83

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Windsor; HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural; MARYLAND; LENGTH OF STAY (in this place) 4 years

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Windsor; STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) J (Last) FOWLER

4. DATE OF DEATH: (Month) March (Day) 16 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 9/7/1878

9. AGE last birthday: 73 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: House

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Louis Fowler

14. MOTHER'S MAIDEN NAME: Amanda Wolfe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Emma B. Fowler, New Windsor, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Spinal Arthritis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1952, to 3/15, 1952, that I last saw the deceased alive on 3/15, 1952, and that death occurred at 10:30 A.m., from the causes and on the date stated above.

SIGNATURE: J. N. Legg (Degree or title) M.D. ADDRESS Union Bridge, Carrol, Md. DATE SIGNED

23. BURIAL, CREMATION / REMOVAL (Specify): Burial; DATE THEREOF: 3/18/52; NAME OF CEMETERY OR CREMATORY: Winters Cem.; LOCATION (City, town, or county) (State): New Windsor Rural

DATE REC'D BY LOCAL REG.: Mar 1-16/52

REGISTRAR'S SIGNATURE: Emma B. Benedict L. Reg.

24. FUNERAL DIRECTOR: W. O. Hartzler & Sons ADDRESS Union Bridge & New Windsor, Md

RECEIVED
MAR 21 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
LENGTH OF STAY (in this place) 65 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. 6

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
STREET ADDRESS (If rural, give location) R.D. 6

3. NAME OF DECEASED (Type or Print) (First) Leonard (Middle) (Last) Frizzell

4. DATE OF DEATH (Month) (Day) (Year) MARCH 16 1952

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Aug. 24-1866

9. AGE last birthday 85 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer own farm

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Frizzell

14. MOTHER'S MAIDEN NAME Mary Catherine Baile

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Mrs Lewis Barber R.D. 6 Westminster Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio vascular disease

(c) Senility

INTERVAL BETWEEN ONSET AND DEATH: about 1 week; present attack; about 15 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 7th, 1952, to March 16th 1952 that I last saw the deceased alive on Mar. 16th, 1952, and that death occurred at 1146 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. L. Billingslea, M.D. Westminster, Md. 3-17-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 3-19-1952

NAME OF CEMETERY OR CREMATORY Deer Park Cemetery

LOCATION (City, town, or county) (State) Westminster 6. Md

DATE REC'D BY LOCAL REG. March 18-1952

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR H. Barnhard & Son Westminster, Md. ADDRESS

RECEIVED
MAR 19 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 81

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Union Bridge — LENGTH OF STAY (in this place): Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Union Bridge
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) AMY (Middle) VIOLET (Last) FURRY
4. DATE OF DEATH: (Month) March (Day) 22 (Year) 1952
5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Oct 31 1882
9. AGE last birthday: 69 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: George K Sappington
14. MOTHER'S MAIDEN NAME: Betty Frazier
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Paul Furry Union Bridge Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Excess Fat

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 19 1952, to Mar 22 1952, that I last saw the deceased alive on 3/21, 1952, and that death occurred at 12:45 A.m., from the causes and on the date stated above.

SIGNATURE: J. H. Legg (Degree or title) MD — ADDRESS: Union Bridge Md — DATE SIGNED: 3/22/52

23. BURIAL, CREMATION REMOVAL (Specify): burial — DATE THEREOF: 3/24-52 — NAME OF CEMETERY OR CREMATORY: Beaver Dam — LOCATION (City, town, or county) (State): Union Bridge Rural Md

DATE REC'D BY LOCAL REG.: March 22, 1952 — REGISTRAR'S SIGNATURE: Leslie L. Repp — 24. FUNERAL DIRECTOR: W. D. Hartzler & Sons — ADDRESS: Union Bridge & New Windsor Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 26 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 12796

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Harney
LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harney
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) Mrs Hattie (Middle) B. (Last) Fuss
4. DATE OF DEATH: (Month) Mar (Day) 21 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
F	W	married	10/7/1884	67 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife		md	

13. FATHER'S NAME: Franklin Burke
14. MOTHER'S MAIDEN NAME: Lillie Hartsock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no		none	Murray O. Fuss - Taneytown R.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Myocarditis with Failure	2 years
422.2 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 12-19, 1951, to 3-21, 1952, that I last saw the deceased alive on 3-21, 1952, and that death occurred at 1:30 P.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
L. F. Potter	M.D.	Littlestown, Pa	3-22-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	3/24/52	Lutheran ~~Harney~~	Harney	md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 23, 1952	Mary B. Witt, Deputy	C. O. Fuss & Son	Taneytown, Md.

RECEIVED
MAR 27 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Manchester Md
LENGTH OF STAY (in this place): 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Service Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Upperco Rural
STREET ADDRESS (If rural, give location): Falls Rd.

3. NAME OF DECEASED (Type or Print): (First) Laura (Middle) L. (Last) Grant
4. DATE OF DEATH (Month) March (Day) 19 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Oct 6, 1860
9. AGE last birthday: 91 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY: USA.

13. FATHER'S NAME: David Worley
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Clarence D. Grant, Upperco, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis — ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardio-Renal Vascular disease — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — ?

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 4, 1949, to March 19, 1952 that I last saw the deceased alive on March 19, 1952 and that death occurred at 3:45 P.m., from the causes and on the date stated above.

SIGNATURE: Joseph E. Bush (Degree or title) MD — ADDRESS: Hampstead Md — DATE SIGNED: 3/19/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3/22/52 — NAME OF CEMETERY OR CREMATORY: Balto — LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: 3/20/52 — REGISTRAR'S SIGNATURE: A.W. Hedrick Dmd — 24. FUNERAL DIRECTOR: Wm Cook Inc. 1217 St. Paul St. — ADDRESS

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02793

CERTIFICATE OF DEATH

Reg. Dist. No. 75

1. PLACE OF DEATH
COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester (Rural)
LENGTH OF STAY in this place) 1 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester (Rural)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Elizabeth	Grimm	March	24	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	married	July 11-1903	48 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Housework	Own home	Md	USA.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Tally S. Ryan	Hester Jean Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	—	George Grimm Hampstead 2-Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Cerebral Hemorrhage	2 hrs
331x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Hypertension	
	(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July, 1951, to March 24, 1952, that I last saw the deceased alive on March 24, 1952, and that death occurred at 12:45 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. H. Foard	M.D	Manchester Md	3/24/52

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	mar 27/52	Pleasant Grove	Balto Co	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar. 26/52	Mrs. [illegible] Wenner	Edw C Tipton	Hampstead Md

RECEIVED
APR 1952
N. Y.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]799

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS-115 8-51

1. PLACE OF DEATH:
COUNTY CARROLL — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) SYKESVILLE
LENGTH OF STAY (in this place) 9 MO.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN, Md.
STREET ADDRESS (If rural, give location) 254 MEALEY PARKWAY

3. NAME OF DECEASED: (Type or Print) (First) Sally (Middle) Boyd (Last) HAGER

4. DATE OF DEATH: (Month) March (Day) 4, (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 1-9-73

9. AGE Last birthday: 79 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): HAGERSTOWN, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JAMES KUHN

14. MOTHER'S MAIDEN NAME: NOT KNOWN.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO
(If Yes, give war or dates of service) ------

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Cerebral Hemorrhage	2 wks
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Hyp. Arter. Sclerosis	?
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-17, 1951, to Mar 4, 1952, that I last saw the deceased alive on Mar 4, 1952 and that death occurred at [illegible] m. from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) W. W. Mastin M.D. ADDRESS Springfield State Hospital. DATE SIGNED 3/4/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 3/6/52 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cem. — LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REG. Mar 5, 1952 — REGISTRAR'S SIGNATURE C. Harry Weed

24. FUNERAL DIRECTOR W. T. Norment — ADDRESS Hagerstown, Md.

RECEIVED
MAR 18 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 38011

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY CARROLL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL, SYKESVILLE
LENGTH OF STAY (in this place) 1yr., 1mo., 6 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural, give location) 3711 HICKORY AVENUE

3. NAME OF DECEASED: (Type or Print) (First) HOWARD (Middle) MILTON (Last) HALL

4. DATE OF DEATH: (Month) (Day) (Year) March 16 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: 11-26-86
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): SIMPSONVILLE, HOWARD CO. MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: MILTON D. HALL
14. MOTHER'S MAIDEN NAME: ANNA ESTELLE EARP

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-05-7995
17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) ACUTE MYOCARDIAL INFARCTION	3(?) days
	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) HYPERTENSIVE CARDIO-VASCULAR DISEASE WITH	
	DUE TO NEPHROSCLEROSIS & MYOCARDIAL INFARCTION	Indefinite
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. BILATERAL CHRONIC FIBROUS PULMONARY TBC. — Indefinite

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 10, 1951, to March 16, 1952, that I last saw the deceased alive on March 16, 1952, and that death occurred at 5:45 p.m., from the causes and on the date stated above.

SIGNATURE Henry C. A. Mead (DEGREE OR TITLE) ADDRESS Henry C. A. Mead, M. D. Springfield State Hospital, Sykesville, Md. DATE SIGNED March 17, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 3/19/52
NAME OF CEMETERY OR CREMATORY St Johns Episcopal Cem
LOCATION (City, town, or county) Howard Co. (State) Md

DATE REC'D BY LOCAL REG. Mar. 20, 1952
REGISTRAR'S SIGNATURE A. Harry Weer
24. FUNERAL DIRECTOR Lassalen Funeral Home 7401 Belair Rd. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAR 24 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (2801)

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:

COUNTY Carroll — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Sykesville, Maryland

LENGTH OF STAY (in this place) 2 yrs. 1 mo.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring, Md.

STREET ADDRESS (If rural, give location) 8000 Eastern Drive

3. NAME OF DECEASED: (Type or Print) (First) Minnie (Middle) Belle (Last) Harding

4. DATE OF DEATH: (Month) 3- (Day) 6- (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: 8-15-64

9. AGE last birthday: 87 yrs.

IF UNDER 1 YEAR: Months ____ Days ____ IF UNDER 24 HRS.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: ------

11. BIRTHPLACE (State or foreign country): Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Pirrin Kay

14. MOTHER'S MAIDEN NAME: Emma Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ---- (If Yes, give war or dates of service) -----

16. SOCIAL SECURITY NO.: -----

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Thrombosis of the mesenteric arteries	2
450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Propagating thrombus of the Aorta	2
	DUE TO (c)	Arteriosclerosis	2

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis, simple deterioration — 9 yrs.

19a. DATE OF OPERATION: -----

19b. MAJOR FINDINGS OF OPERATION: -- -

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ---

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY ----

(CITY OR TOWN) ---- (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY ----- M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? ---------

22. I hereby certify that I attended the deceased from 7-11-, 19 50, to 3-6-, 19 52, that I last saw the deceased alive on 3-6-52, 19 , and that death occurred at 3:15 P. m., from the causes and on the date stated above.

SIGNATURE W. H. Sonnenfeldt, M.D. (DEGREE OR TITLE) ADDRESS Springfield State Hosp. Sykesville, Md. DATE SIGNED 3-6-52

23. BURIAL, CREMATION REMOVAL (Specify): Removal

DATE THEREOF Mar 7 - 52

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. Mar 7 1952

REGISTRAR'S SIGNATURE Harry Weer

24. FUNERAL DIRECTOR The S.H. Hines Co ADDRESS 2901-14th St. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 445 8-51

RECEIVED
MAR 10 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Sykesville.
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery, Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 111 Lucas Lane.

3. NAME OF DECEASED: (Type or Print) (First) Lula (Middle) Harris (Last)

4. DATE OF DEATH: (Month) March (Day) 3 (Year) 1952.

5. SEX: fenale
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: 11-1-80
9. AGE last birthday: 71 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: ----------
11. BIRTHPLACE (State or foreign country): Raleigh, N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Walter Harrison
14. MOTHER'S MAIDEN NAME: Ella M. Perkinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	48 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) General Arteriosclerosis	over 5 years.
	(c)	

4207

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arteriosclerosis 5 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-13, 1951, to 3-3, 1952, that I last saw the deceased alive on 3-3, 1952 and that death occurred at 6:20 p.m., from the causes and on the date stated above.

SIGNATURE Walter H. Sonnenfeldt M.D. (DEGREE OR TITLE) ADDRESS Springfield State Hospital. DATE SIGNED 3-3-52.

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): DATE THEREOF MARCH 6, 1952 NAME OF CEMETERY OR CREMATORY GLENWOOD LOCATION (City, town, or county) WASHINGTON, DC. (State)

DATE REC'D BY LOCAL REG. Mar. 4, 1952 REGISTRAR'S SIGNATURE C. Harry Weer

24. FUNERAL DIRECTOR Jos. Gawler's Sons ADDRESS Wash. DC.

RECEIVED
MAR 6 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 28076

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County Carroll
City or town Rural Mayberry
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: R/ Westminster
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) 3/4 hour

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Carroll
City or town Rural Westminster Mayberry
(If outside city or town limits, write RURAL NEAR and give town)
Street No. R/ Westminster
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Mary Jon Hoffer Twin #1

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W.	Single

8 (b) Name of husband or wife —
6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) mar. 13, 1952

8. AGE:

Years	Months	Days	If less than one day
0	0	0	3/4 hrs. — min.

9. Birthplace Mar Mayberry Carroll Md. (Town, county, and state)
10. Usual occupation —
11. Industry or business —
FATHER 12. Name Homer Elmer Hoffer
13. Birthplace Md
MOTHER 14. Maiden name Bessie Lowders
15. Birthplace Md
16. Informant Father Address R/ Westminster
17. Burial (Burial, cremation, or removal. Which?) Date thereof mar 13 1952 (month) (day) (year)
Cemetery or crematory Lowers Church
Location near New Windsor Cemetery
18. Funeral director None (Father will bury) Address R/ Westminster Md.
19. March 14 1952 (Date rec'd by registrar) Ray Fogle Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH mar. 13, 1952, at 9:45 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from mar. 13, 9:45 P.M. 1952, to mar 13, 9:45 P.M. 1952
and that I last saw her alive on mar 13, 1952

Immediate cause of death 1 Prematurity — DURATION 45 min.
Due to —
Due to —
Other conditions 77.
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work?

23. SIGNATURE C. Reese Wilkens (Md.) M. D. or other
Address Westminster Md. Date signed 3/14/52

RECEIVED
MAR 17 19.2
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 80

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Windsor — LENGTH OF STAY (In this place) 6 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Windsor
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural	STREET ADDRESS (If rural, give location) Rural
3. NAME OF DECEASED (Type or Print) (First) CARROLL (Middle) G (Last) HOPKINS	4. DATE OF DEATH (Month) March (Day) 21 (Year) 1952
5. SEX male — 6. COLOR OR RACE colored — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 4/14/1882 — 9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Skinner — 10b. KIND OF BUSINESS OR INDUSTRY labour	11. BIRTHPLACE (State or foreign country) Maryland — 12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME George Hopkins	14. MOTHER'S MAIDEN NAME Martha Clary
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) no no	16. SOCIAL SECURITY No. none — 17. INFORMANT AND ADDRESS Maggie Hopkins, Greenwood Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Edema	8 days
4" X Antecedent cause(s)	(b) Respiratory Infection	3 weeks
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) II Cistero sclerosis	years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION no	19b. MAJOR FINDINGS OF OPERATION X	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) no	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) X	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) X m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? X

22. I hereby certify that I attended the deceased from 3-12, 1952, to 3-21, 1952 that I last saw the deceased alive on 3-20, 1952 and that death occurred at ✓ m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William C. Stone		121 E Green St Westminster	3-22-52

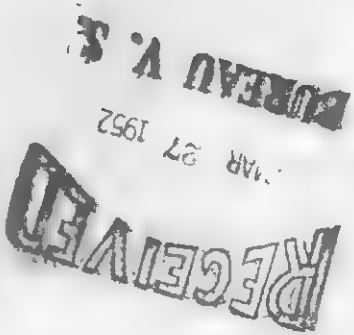
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 3/24/52	NAME OF CEMETERY OR CREMATORY Methodist Cem	LOCATION (City, town, or county) (State) Daisy, Howard Co. Md
DATE REC'D BY LOCAL REG. March 24/52	REGISTRAR'S SIGNATURE Ernest S. Benedict	24. FUNERAL DIRECTOR W. D. Hertzler & Sons	ADDRESS Union Bridge & New Windsor Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

See letter under Dr. Stone 3-31-52 re cause of death. 4-9-52 ams



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02805

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton — LENGTH OF STAY (in this place) 1 yr. 9 mos. 27 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) FANNIE	(Middle) LEE	(Last) HUDSON	4. DATE OF DEATH	(Month) March (Day) 24, (Year) 1952
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Sept. 27, 1931	9. AGE last birthday 20 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Macon, Georgia	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Albert Darby		14. MOTHER'S MAIDEN NAME Rosa Lee Wiley			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 221-18-4866	17. INFORMANT AND ADDRESS Deceased			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Far Adv. Bilat., Pulmonary Tbc. — 2 yrs

2X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 26, 1950, to Mar. 24, 1952, that I last saw the deceased alive on Mar. 24, 1952, and that death occurred at 3:05 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
T. F. Vital	M.D.	Henryton, Maryland	3-24-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF [illegible]	NAME OF CEMETERY OR CREMATORY Federal Hill Cemetery	LOCATION (City, town, or county) [illegible] (State)
DATE REC'D BY LOCAL REG. 3-24-52	REGISTRAR'S SIGNATURE Albert R. Swankhamer	24. FUNERAL DIRECTOR William J. Eskam Jr. Federalsburg Md.	ADDRESS

Deputy Local

RECEIVED
MAR 21 1952
BUREAU V. S.

02806

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
LENGTH OF STAY (In this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt Pleasant - Route 1.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE N. Y. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Utica
STREET ADDRESS (If rural, give location) 39 Waverly Place

3. NAME OF DECEASED (Type or Print): (First) ANGIE (Middle) CLARE (Last) HUGHES
4. DATE OF DEATH: (Month) Mar (Day) 29 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Nov 5 - 1887
9. AGE (Last birthday) 65 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Osteopath
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George S Hughes
14. MOTHER'S MAIDEN NAME: Jane Ann Hutchinson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no.
17. INFORMANT AND ADDRESS: Mrs. J. N. Hughes Westminster Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 4 hours

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension Cardio-Vascular disease — Interval between onset and death: years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
James T Clark Deputy Medical Examiner Westminster Md Mar 30/1952

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 3/30/52
NAME OF CEMETERY OR CREMATORY: Forest Hill Cemetery
LOCATION (City, town, or county) (State): Utica, Oneida Co. N.Y.
DATE RECD BY LOCAL REG. 3/30/52
REGISTRAR'S SIGNATURE: [illegible]
24. FUNERAL DIRECTOR ADDRESS: J. E. Myers Jr. Westminster Md

RECEIVED
MAR 31 1952
BUREAU V. S.

02807

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) 3 Mo. 9 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore, City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, City
STREET ADDRESS (If rural, give location) Not known

3. NAME OF DECEASED: (Type or Print) (First) Cecelia (Middle) (Last) Hyatt

4. DATE OF DEATH: (Month) 3 (Day) 22 (Year) 19 52

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: about 1884
9. AGE last birthday: Estimated 68 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hairdresser
10b. KIND OF BUSINESS OR INDUSTRY: Barbering
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY? ?

13. FATHER'S NAME: ? Stein
14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Sclerosis	Not Known.
	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Generalized arteriosclerosis	Many Yrs.
	DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arteriosclerosis — Not Known

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-16, 19 52, to 3-22, 19 52, that I last saw the deceased alive on 3-22, 19 52, and that death occurred at 12-40P m., from the causes and on the date stated above.

SIGNATURE Walter G. Sonnenfeld (DEGREE OR TITLE) Walter G. Sonnenfeld M.D. ADDRESS Springfield State Hospital DATE SIGNED 3-22-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 3-23-52
NAME OF CEMETERY OR CREMATORY Herring Run
LOCATION (City, town, or county) Balto. (State) Md

DATE REC'D BY LOCAL REG. Mar 22 1952
REGISTRAR'S SIGNATURE C. Harry Weber
24. FUNERAL DIRECTOR Jack Lewis Inc 2100 Eutaw Rd ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-41

RECEIVED
MAR 26 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2807

CERTIFICATE OF DEATH

Reg. Dist. No. 24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Sykesville
LENGTH OF STAY (in this place) 15 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 422 Random Road

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
John	William	Jackson	March	28	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Widowed	. . . 1866	85 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Box maker	Work -	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George B. Jackson	Sara — — ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
unknown	Unk -	Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Chronic myocardial degeneration	2 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Hypertensive cardiovascular disease	years
	DUE TO (c) Generalized arteriosclerosis	years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arteriosclerosis — years

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while work ☐	HOW DID INJURY OCCUR?
			A.M. P.M.		

22. I hereby certify that I attended the deceased from 3/14, 1952, to 3/28, 1952, that I last saw the deceased alive on 3/28, 1952, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

SIGNATURE Gertrude M. Frost, M.D. (DEGREE OR TITLE) ADDRESS Sykesville, Md DATE SIGNED 3/28/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	4-1-52	Woodlawn Memorial	Balto.	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar. 29 1952	C. Harry Weed	Wm Cook Inc.	120 N. Paca St.

RECEIVED
APR 2 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]809

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY CARROLL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL, SYKESVILLE
LENGTH OF STAY (in this place) 1 mo 10 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ANNE ARUNDEL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CROWNSVILLE
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) FREDERICK (Middle) (Last) JARBOE

4. DATE OF DEATH: (Month) March (Day) 11 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: 12-31-85

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer tenant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): CHESTERFIELD, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CORNELIUS JARBOE

14. MOTHER'S MAIDEN NAME: MINERVA C. TALBOT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) UNK. (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) CHRONIC PREPYLORIC GASTRIC ULCER WITH RECENT	Indefinite
200.1	DUE TO MASSIVE HEMORRHAGE	hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) (a) UPPER MEDIASTINAL MALIGNANT TUMOR PROBABLY	
	DUE TO LYMPHOSARCOMA	Indefinite
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. PARANOID SCHIZOPHRENIA — 40 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 31, 1952, to March 11, 1952, that I last saw the deceased alive on March 11, 1952, and that death occurred at 8:05 p.m., from the causes and on the date stated above.

SIGNATURE Henry C. A. Mead M.D. (DEGREE OR TITLE) ADDRESS Springfield State Hospital, Sykesville, Maryland DATE SIGNED 3-12-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF March 15/52 NAME OF CEMETERY OR CREMATORY St Stephens LOCATION (City, town, or county) Chesterfield (State) Maryland

DATE REC'D BY LOCAL REG. Mar. 12 1952 REGISTRAR'S SIGNATURE C Stanny Weer

24. FUNERAL DIRECTOR B L Hopping & Son Chesapeake ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51

RECEIVED
MAR 14 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02810

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton — LENGTH OF STAY (in this place) 7days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL	STREET ADDRESS (If rural, give location) 100 W. Cross Street

3. NAME OF DECEASED (Type or Print) (First) WALTER (Middle) (Last) JOHNSON				4. DATE OF DEATH (Month) March (Day) 11, (Year) 1952		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH May 29, 1911	9. AGE last birthday 40 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Trucking Co.	11. BIRTHPLACE (State or foreign country) Daytona, Florida		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Robert Johnson			14. MOTHER'S MAIDEN NAME Nettie Johnson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT AND ADDRESS Deceased			

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Unknown
Immediate cause	(a) Far Adv. bilateral pulmonary tuberculosis	Feb., 1952??
002 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 4, 1952, to March 11, 1952, that I last saw the deceased alive on March 11, 1952, and that death occurred at 3: A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
T.F. Vestal	M.D.	Henryton, Maryland	3/11/52

23. BURIAL, CREMATION REMOVAL (Specify) Removal	DATE THEREOF 3/11/52	NAME OF CEMETERY OR CREMATORY University Med School	LOCATION (City, town, or county) Baltimore, Md (State)
DATE REC'D BY LOCAL REG. 3/11/52	REGISTRAR'S SIGNATURE Albert R. Swanhamer Deputy Local	24. FUNERAL DIRECTOR Frances A Hemsley 57 N Biddle St	ADDRESS

VS. A-6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

RECEIVED
MAR 20 1952
BUREAU V S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

2811

Reg. Dist. No. 77

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenmount | LENGTH OF STAY (In this place) 75 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenmount
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ERNEST (Middle) F (Last) KOPPEN

4. DATE OF DEATH: (Month) Mar (Day) 29 (Year) 1952

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Wd. | 8. DATE OF BIRTH: aug 19-1876 | 9. AGE last birthday: 5-5- yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cider Cheeker | 10b. KIND OF BUSINESS OR INDUSTRY: fruit Mdse Store | 11. BIRTHPLACE (State or foreign country): Germany | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Koppen | 14. MOTHER'S MAIDEN NAME: Martha Brehm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes-World War #1 (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 216-05-8161 | 17. INFORMANT AND ADDRESS: Mrs Ernest Koppen, Greenmount Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/15, 1947, to 3/24, 1952, that I last saw the deceased alive on Mar, 1952, and that death occurred at 10:20 A m., from the causes and on the date stated above.

SIGNATURE: W. N. Hoard | (Degree or title) MD | ADDRESS Manchester, Md | DATE SIGNED 3/31/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Apr 1/1952 | NAME OF CEMETERY OR CREMATORY Manchester | LOCATION (City, town, or county) Carroll co (State) Md

DATE REC'D BY LOCAL REG. Mch 31-1952 | REGISTRAR'S SIGNATURE John S. Hughes Jr. | 24. FUNERAL DIRECTOR Edw C Tipton | ADDRESS Hampstead Md

RECEIVED
APR 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oakland Mills
LENGTH OF STAY (in this place): 18 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Oakland Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oakland Mills
STREET ADDRESS (If rural, give location): Oakland Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Duncan	Oresteis	Latimer	March	16	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Married	Aug 14 1884	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Overseer	Woolen Mills	Cornwall Ontario Canada	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William F Latimer	Agnes Kirk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	215-05-9898	Mrs Cora Latimer Oakland Mills Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage — 12 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

3511

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 3/16/, 1952, to 3/17/, 1952, that I last saw the deceased alive on 3/16/, 1952, and that death occurred at 6 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wm. E. Martin	M.D	Randallstown, Md	3/17/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar 18 1952	Olc Oakland Cemetery	Oakland Mills Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar 17 1952	C Harry Green	Wm Berryman & Sons	Reisterstown Md

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 21 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:

COUNTY: CARROLL — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): RURAL, SYKESVILLE

LENGTH OF STAY (in this place): 13yr.6mo.1da.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. COUNTY:

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore

STREET ADDRESS (If rural, give location): Unknown

3. NAME OF DECEASED: (Type or Print) (First) HENRY (Middle) (Last) LAUPP

4. DATE OF DEATH: (Month) March (Day) 18 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: 12-26-81

9. AGE last birthday: 70 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: Unk.

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) ?

16. SOCIAL SECURITY No.: Unk.

17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	a) BRONCHOPNEUMONIA	24 hours
5705	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) PERITONITIS(WITH LAPARATOMY & DRAINAGE)	4 days
(3 ...)	DUE TO (c) INTESTINAL OBSTRUCTION(WITH OPERATIVE RELIEF)	4 days

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: Chronic alcoholism with arteriosclerosis and Korsakoff's syndrome — years

9a. DATE OF OPERATION: 3-14-52

15. MAJOR FINDINGS OF OPERATION: Findings as above.

20. AUTOPSY? Yes — No X

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY — CITY OR TOWN — COUNTY — STATE

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 17, 1938, to March 18, 1952, that I last saw the deceased alive on March 18, 1952, and that death occurred at 4:25 a., from the causes and on the date stated above.

SIGNATURE: Henry C. A. Neal — DEGREE OR TITLE: Henry C. A. Neal, M. D. — ADDRESS: Springfield State Hospital, Sykesville, Maryland — DATE SIGNED: March 18, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3/21/52 — NAME OF CEMETERY OR CREMATORY: Western Cemetery — LOCATION (City, town, or county): Baltimore Md (State)

DATE REC'D BY LOCAL REG.: March 18, 1952 — REGISTRAR'S SIGNATURE: C. Harry Weed — 24. FUNERAL DIRECTOR: H. W. Ulrich & Son — ADDRESS: 805 N. Calvert St.

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 21 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 82

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Airy
   LENGTH OF STAY (in this place): 29 yrs.
   HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Carroll
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Airy
   STREET ADDRESS (If rural, give location): Main Street

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Thomas (Last) Maynard

4. DATE OF DEATH: (Month) March (Day) 6 (Year) 1952

5. SEX: Mal.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Dec. 13, 1860

9. AGE last birthday: 91 yrs. — If under 1 year: Months 2, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired (Farmer)

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Howard G. Maynard

14. MOTHER'S MAIDEN NAME: Sarah E. Chiswell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: L. [illegible], Mt. Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	3
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Myocarditis	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Advanced Arterio-sclerosis

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 4, 1952, to March 6, 1952, that I last saw the deceased alive on March 6, 1952, and that death occurred at 11:10 P m., from the causes and on the date stated above.

SIGNATURE: Stanley Grabill (Degree or title): M.D. ADDRESS: Mt. Airy, Md. DATE SIGNED: March 6, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: [illegible]-1-52 — NAME OF CEMETERY OR CREMATORY: Central — LOCATION (City, town, or county) (State): Frederick, Co. Md.

DATE REC'D BY LOCAL REG.: Mch. 9-1952 — REGISTRAR'S SIGNATURE: Wm D Snyder

24. FUNERAL DIRECTOR: C. L. Waltz — ADDRESS: [illegible], Md.

VS/A15

RECEIVED
MAR 11 1952
BUREAU OF

Item 18 Film 140 4-4-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 815

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) since 6/6/49
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown ✓
STREET ADDRESS (If rural, give location) 408 George Avenue

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) A. (Last) McSherry

4. DATE OF DEATH: (Month) March (Day) 27 (Year) 1952

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower
8. DATE OF BIRTH: March 11, 1872
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months – Days 16 IF UNDER 24 HRS.: Hours – Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumber
10b. KIND OF BUSINESS OR INDUSTRY: Plumbing
11. BIRTHPLACE (State or foreign country): Fairfield, Pennsylvania
12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: John McSherry
14. MOTHER'S MAIDEN NAME: Dorothy Isnor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service) ---
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT & ADDRESS: Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Bronchopneumonia	3 days
480X	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) ~~Chronic myocarditis~~	~~3 yrs.~~
	DUE TO	
	(c) b) Grippe	2 wks. ago

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arteriosclerosis and Chronic myocarditis. about 4 yrs.

19a. DATE OF OPERATION: ---
19b. MAJOR FINDINGS OF OPERATION: ---
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) ---
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ---
(CITY OR TOWN) ---
(COUNTY)
(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) --- M.
INJURY OCCURRED While at work ☐ Not while at work ☐ ---
HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Aug. 1, 1949, to Mar. 27 1952, that I last saw the deceased alive on March 27, 1952, and that death occurred at 4:10 p.m., from the causes and on the date stated above.

SIGNATURE Martin Gross, M. D. (DEGREE OR TITLE) Martin Gross, M. D
ADDRESS Sykesville, Maryland
DATE SIGNED 3/27/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 3-31-52
NAME OF CEMETERY OR ~~CREMATORY~~ Green Hill
LOCATION (City, town, or county) (State) Waynesboro, Pa.

DATE REC'D BY LOCAL REG. March 28, 1952
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR C. M. Suter
ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V.S. A18 8-51

RECEIVED
MAR 31 1952
BUREAU V. S.

3816

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
LENGTH OF STAY (in this place) 2 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS 162 Liberty Street Ex 21

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
STREET ADDRESS (If rural, give location) New Windsor Rd.

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) UPTON (Last) MITTEN
4. DATE OF DEATH (Month) March (Day) 21 (Year) 1952

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH August 27-1878
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labour o farm Tenant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Upton Mitten
14. MOTHER'S MAIDEN NAME Margaret Shettle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Emma June Mitten 162 Liberty St. Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Lung. (Squamus Cell.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 1 yr

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 27 Nov, 1949, to 21 Mar, 1952, that I last saw the deceased alive on 21 Mar, 1952, and that death occurred at 12:00 noon, from the causes and on the date stated above.

SIGNATURE G Allen Moulton (Degree or title) MD. ADDRESS Westminster Md DATE SIGNED 3/24/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF March 25-1952
NAME OF CEMETERY OR CREMATORY Silver Run Cemetery
LOCATION (City, town, or county) Silver Run (State) Md.

DATE REC'D BY LOCAL REG. 3/21/52
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR H Bankard & Son Westminster, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 27 1952
BUREAU U. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville — LENGTH OF STAY (In this place) since 2/29/28	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN unknown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital	STREET ADDRESS (If rural, give location) ---

3. NAME OF DECEASED (Type or Print)	(First) William	(Middle) ---	(Last) MULLIN	4. DATE OF DEATH	(Month) March	(Day) 1	(Year) 1952
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single	8. DATE OF BIRTH May 1879	9. AGE last birthday 72 yrs.	If under 1 year Months — Days —	If under 24 hrs. Hours — Min. —	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Howard County, Maryland	12. CITIZEN OF WHAT COUNTRY? United States				
13. FATHER'S NAME Thomas Mullin	14. MOTHER'S MAIDEN NAME Bridget Hughes						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service) ---	16. SOCIAL SECURITY NO. unknown	17. INFORMANT AND ADDRESS Records - Springfield State Hospital					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	Minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Arteriosclerotic Coronary disease (b) Arteriosclerotic cardiovascular disease	24 yrs.
	(c) ---	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Psychosis with mental deficiency	24 yrs.

19a. DATE OF OPERATION ---	19b. MAJOR FINDINGS OF OPERATION ---	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) ---	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) --- (CITY OR TOWN) --- (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) --- m.	INJURY OCCURRED While at Work ☐ Not While At work ☐ ---	HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Sept. 1, 1947, to March 1, 1952, that I last saw the deceased alive on March 1, 1952, and that death occurred at 12:00 noon, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Henry C. A. Head	M.D.	Sykesville, Md.	3/1/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	3/3/52	University Med School	Baltimore City Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar. 3, 1952	C. Harry Weer	Frances A. Hemsley	5718 W. Biddle St.

RECEIVED
MAR 6 19
BUREAU V. S.

Residence by phone Presb.Home 4-4-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville, Md.
LENGTH OF STAY (in this place) 5 yrs. 8 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Towson, Md.~~ Annapolis
STREET ADDRESS (If rural, give location) ~~Presbyterian Home~~

3. NAME OF DECEASED: (Type or Print) (First) Eva (Middle) ---- (Last) Owens

4. DATE OF DEATH: (Month) 3 (Day) 4 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 9-3-1858
9. AGE last birthday: 93 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: -----
11. BIRTHPLACE (State or foreign country): Harford County, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Marini Duvall Chancey
14. MOTHER'S MAIDEN NAME: Rachel Gardner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) --- (If Yes, give war or dates of service) ----
16. SOCIAL SECURITY NO.: ---
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Coronary occlusion	2 hurs.
420 / Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Chronic myocarditis	10 yrs.
	DUE TO (c)	Generalized arteriosclerosis - hypertension (?)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ----
19b. MAJOR FINDINGS OF OPERATION: -----
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) ----
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ------ (CITY OR TOWN) ---- (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ----- M.
INJURY OCCURRED While at work ☐ Not while at work ☐ ----
HOW DID INJURY OCCUR? ------

22. I hereby certify that I attended the deceased from 9-14-, 1946, to 3-4-, 1952, that I last saw the deceased alive on 3-4-, 1952, and that death occurred at 9:15 A.m., from the causes and on the date stated above.

SIGNATURE M. N. Mastin, M.D. (DEGREE OR TITLE) ADDRESS Springfield State Hospital - Sykesville, Md. DATE SIGNED 3-4-52

M N Mastin M D

23. BURIAL, CREMATION REMOVAL (Specify): Burial ~~Xxxx~~
DATE THEREOF Mar. 7, 1952
NAME OF CEMETERY OR CREMATORY Cedar Bluff
LOCATION (City, town, or county) (State) Annapolis, Md.
DATE REC'D BY LOCAL REG. Mar. 5, 1952
REGISTRAR'S SIGNATURE C Harry Weer
24. FUNERAL DIRECTOR L.M. Taylor, Annapolis, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAR 6 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Westminster
LENGTH OF STAY (in this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Westminster, R.D.1 (Union Mills)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Westminster
STREET ADDRESS (If rural, give location) Westminster, R.D. (Silver Run)

3. NAME OF DECEASED (Type or Print) (First) Missouri (Middle) Elizabeth (Last) Petry
4. DATE OF DEATH (Month) 3/8/52 (Day) (Year) 19

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 4/3/1865
9. AGE last birthday 86 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Carroll County, Md.
12. CITIZEN OF WHAT COUNTRY U.S.A

13. FATHER'S NAME Uriah Arter
14. MOTHER'S MAIDEN NAME Lucinda Loppe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Chester Petry Westminster, Md. R.D.1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 11 weeks.

221X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

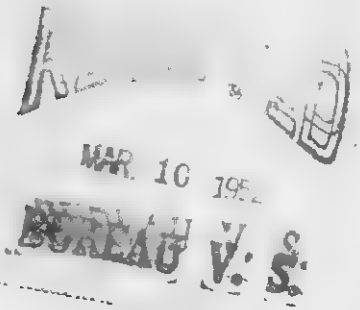
21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 19, 1951, to March 8, 1952, that I last saw the deceased alive on March 6, 1952, and that death occurred at 8:35 A.m., from the causes and on the date stated above.

SIGNATURE L. L. Potter (Degree or title) M.D. ADDRESS Littlestown, Pa DATE SIGNED March 8, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/11/52
NAME OF CEMETERY OR CREMATORY St. Marys Union Cemetery
LOCATION (City, town, or county) Silver Run, Carroll Co. (State) Md.

DATE REC'D BY LOCAL REG. 3/8/52
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR J. W. Little & Son ADDRESS Littlestown, Pa.
Per. G. A. Little


MAR. 10 195
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville - Rural Sta. #1 — LENGTH OF STAY (in this place): 1yr 3 mo.s
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 3132 Ravenwood Avenue.

3. NAME OF DECEASED: (First) Harrison (Middle) (Last) Piner

4. DATE OF DEATH: (Month) March (Day) 9 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 5 1893

9. AGE last birthday: 58 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10b. KIND OF BUSINESS OR INDUSTRY: Transportation

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Elijah Piner

14. MOTHER'S MAIDEN NAME: Mary Helen Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Records - Sykesville, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerotic heart disease	Indefinite
002X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerotic cardio-vascular renal disease	"
	DUE TO (c) Bilateral fibrotic pulmonary tuberculosis	2½ years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: Psychosis with cerebral arteriosclerosis — 9 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/19/47 19..... to 3/9/52 19....., that I last saw the deceased alive on 3/9/52 19....., and that death occurred at 1:25 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Henry C. A. Read, M. D. M.D. Sykesville, Maryland 3/9/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3/12/52 — NAME OF CEMETERY OR CREMATORY: Cedar Hill — LOCATION (City, town, or county) (State): A. A. Co. Md.

DATE REC'D BY LOCAL REG.: Mar. 10, 1952 — REGISTRAR'S SIGNATURE: C. Fanny Steer

24. FUNERAL DIRECTOR: Wm Cook Inc. — ADDRESS: 1217 St. Paul St.

30/13/1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton — LENGTH OF STAY (in this place) 8mths. 18 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL	STREET ADDRESS (If rural, give location) R.F.D. #2

3. NAME OF DECEASED (Type or Print)	(First) LAURA	(Middle) BELLE	(Last) PURNELL	4. DATE OF DEATH	(Month) March	(Day) 15	(Year) 1952
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single	8. DATE OF BIRTH Feb. 3, 1922	9. AGE last birthday 30 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY Priv. family	11. BIRTHPLACE (State or foreign country) Berlin, Maryland			12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Riley Purnell			14. MOTHER'S MAIDEN NAME Eliza Whaley				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 220-26-3540	17. INFORMANT AND ADDRESS Deceased				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Far adv. Bital. Cavitary Pul. Tbc., — Jan., 1948

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 27, 1951, to Mar. 15, 1952, that I last saw the deceased alive on Mar. 15, 1952, and that death occurred at 8:40 A. m., from the causes and on the date stated above.

SIGNATURE T.F. Vestal (Degree or title) M.D. ADDRESS Henryton, Maryland DATE SIGNED 3/15/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 3-19-52	NAME OF CEMETERY OR CREMATORY Evergreen Cemetery	LOCATION (City, town, or county) Berlin Md. (State)
DATE REC'D BY LOCAL REG. 3/15/52	REGISTRAR'S SIGNATURE Albert R. [illegible]	24. FUNERAL DIRECTOR James B. Cornwell, Salisbury Md.	ADDRESS

Deputy Local

RECEIVED
MAR 21 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 83

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural--Sykesville
LENGTH OF STAY (in this place) 25 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-- Sykesville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) [illegible] (Middle) E. (Last) RHEUBOTTOM

4. DATE OF DEATH (Month) MARCH (Day) 27 (Year) 1952

5. SEX female
6. COLOR OR RACE colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 9-9-18[illegible]4
9. AGE last birthday 67 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]
10b. KIND OF BUSINESS OR INDUSTRY [illegible]
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Nicholas Groomes
14. MOTHER'S MAIDEN NAME Mary Ellen Sears

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive heart failure	2 mo.
400x Antecedent cause(s)	(b) Rheumat. fever	40 yrs.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/17, 1952, to 3/27, 1952, that I last saw the deceased alive on 3/27, 1952, and that death occurred at 1 p.m., from the causes and on the date stated above.

SIGNATURE J. W. Hentzen (Degree or title) M. D. ADDRESS Sykesville, Md DATE SIGNED 3/27-52

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE 3-31-1952
NAME OF CEMETERY ~~OR CREMATORY~~ White Rock
LOCATION (City, town, or county) Carroll Co., (State) Md.

DATE REC'D BY LOCAL REG. March 30, 1952
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR C. [illegible] Walt[illegible], Winfield, ADDRESS Md.

RECEIVED
APR 7
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:

COUNTY Carroll — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Sykesville, Maryland

LENGTH OF STAY (in this place): 30 yrs. 7 mos. 14 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore

STREET ADDRESS (If rural, give location) ----

3. NAME OF DECEASED: (Type or Print) (First) Viola (Middle) --- (Last) Kingrose

4. DATE OF DEATH: (Month) 3 (Day) 18 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Single	5-19-1890	61 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Carrie Pettus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ---- (If Yes, give war or dates of service) ----

16. SOCIAL SECURITY NO.: None ----

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	12 days
420.1 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Chr. Myocarditis	5 yrs
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐
----	-----	

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office hldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
------	-----	------		

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
------ M.		-----

22. I hereby certify that I attended the deceased from 1947, 19....., to 3-18, 19.52., that I last saw the deceased alive on 3-13, 19.52., and that death occurred at 11:40 A.m., from the causes and on the date stated above.

SIGNATURE W. M. Martin, M.D. (DEGREE OR TITLE) ADDRESS Springfield State Hospital - Sykesville, Md. DATE SIGNED 3-19-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/21/52	Springfield	Sykesville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Mar. 20 1952	C. Harry Weer	E. K. Haught, Sykesville Md.

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 24 1952
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02824

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (in this place) 52 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8 Milton Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 8 Milton Ave

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) (Last) ROSENSTOCK

4. DATE OF DEATH: (Month) March (Day) 12 (Year) 1952

5. SEX M — 6. COLOR OR RACE W. — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married — 8. DATE OF BIRTH Feb 11 1876 — 9. AGE last birthday 76 yrs. — If under 1 year: Months. If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant — 10b. KIND OF BUSINESS OR INDUSTRY Clothing — 11. BIRTHPLACE (State or foreign country) Russia — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph HcTz — 14. MOTHER'S MAIDEN NAME Tobie Bair

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No. — 16. SOCIAL SECURITY NO. None — 17. INFORMANT AND ADDRESS L. J. Rosenstock - Westminster Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma liver — Interval between onset and death: 6 Mos

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

156.1

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1951, to 3-12, 1952, that I last saw the deceased alive on 3-10, 1952, and that death occurred at 1:30 A m., from the causes and on the date stated above.

SIGNATURE James F Marsh — (Degree or title) M.D — ADDRESS Westminster Md — DATE SIGNED 3/12/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE 3-13-52 — NAME OF CEMETERY OR CREMATORY Baltimore Hebrew — LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. 3/13/52 — REGISTRAR'S SIGNATURE C W Hedrick — 24. FUNERAL DIRECTOR J. E. Lewis Inc — ADDRESS 2100 Eutaw Pl

1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) since 2/20/33
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY ---
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS --- (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Tony (Middle) --- (Last) SANTORA
4. DATE OF DEATH (Month) March (Day) 6 (Year) 1952
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) separated
8. DATE OF BIRTH Sept. 1, 1874
9. AGE last birthday 77 yrs. If under 1 year Months - Days - If under 24 hrs. Hours - Min. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY ---
11. BIRTHPLACE (State or foreign country) Italy
12. CITIZEN OF WHAT COUNTRY? Italy
13. FATHER'S NAME Biheo Santora
14. MOTHER'S MAIDEN NAME Rosiana Collette
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service) ---
16. SOCIAL SECURITY No. Unkrown
17. INFORMANT AND ADDRESS Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of the stomach	3 months
151X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bronchopneumonia	2 weeks
	(c) ---	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia — 10 yrs.

19a. DATE OF OPERATION ---
19b. MAJOR FINDINGS OF OPERATION ---
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) ---
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) --- (CITY OR TOWN) --- (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) --- m.
INJURY OCCURRED While at Work ☐ Not While At work ☐ ---
HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Sept. 1, 1947, to March 5, 1952, that I last saw the deceased alive on March 5, 1952, and that death occurred at 1:50 a. m., from the causes and on the date stated above.

SIGNATURE Martin Gross, M. D. (Degree or title) Martin Gross, M. D.
ADDRESS Sykesville, Maryland
DATE SIGNED 3/6/52

23. BURIAL, CREMATION REMOVAL (Specify) [illegible]
DATE THEREOF 3/6/52
NAME OF CEMETERY OR CREMATORY [illegible]
LOCATION (City, town, or county) (State) [illegible]
DATE REC'D BY LOCAL REG. Mar 7, 1952
REGISTRAR'S SIGNATURE Stany Neer
24. FUNERAL DIRECTOR Frances Attamosley 578 W Biddle St
ADDRESS

RECEIVED
MAR 10 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville; Rural Sta. #1
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Postal Zone 15
STREET ADDRESS (If rural, give location) 4103 Boarman Avenue

3. NAME OF DECEASED: (Type or Print) (First) Ernestine (Middle) Naomie (Last) Sellers

4. DATE OF DEATH: (Month) March (Day) 9 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: January 10, 1865
9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Anthony Huber
14. MOTHER'S MAIDEN NAME: Margaret Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Hospital records, Sykesville, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH 24 hours

442X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Arteriosclerotic cardiovascular renal disease — Indefinite

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 29, 1952, to March 9, 1952, that I last saw the deceased alive on March 9, 1952, and that death occurred at 5:25 A.m., from the causes and on the date stated above.

SIGNATURE Henry C. A. Mead (DEGREE OR TITLE) Henry C. A. Mead, M. D. ADDRESS Sykesville, Md. DATE SIGNED 3/9/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Mar 12 1952
NAME OF CEMETERY OR CREMATORY Lorraine
LOCATION (City, town, or county) (State) Woodlawn Md

DATE REC'D BY LOCAL REG. 3/10/52
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Harry A. Armacost ADDRESS 4204 Ridgewood Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 7H

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville — LENGTH OF STAY (in this place) since 3-22-[illegible]	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital	STREET ADDRESS (If rural, give location) [illegible]

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Byron	Evart	Jewell	March-19-1952 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	married	4-4-78	(73) yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
[illegible]	Work -	Laurel, Maryland	United States

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Nathan Jewell	Susan Hickey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
[illegible]	216-24-4756	Records, Springfield State Hospital

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Bronchopneumonia	7 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Grippe	10 days
(c) Diabetes,	More than 3 months
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Old myocardial infarct.	More than one year

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
-------	----------	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
------	----------	-------		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While at Work ☐	HOW DID INJURY OCCUR?
------ m.		----------

22. I hereby certify that I attended the deceased from 12-26-51, 19 51, to 3-19-, 19 52, that I last saw the deceased alive on 3-19-, 19 52, and that death occurred at 7:55 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Martin Gross, M.D.	Sykesville, Md.	3-19-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar. 22-1952	Ivy Hill-Laurel-Md.	Laurel, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar. 20, 1952	C. Harry Weed	Stewart & Mowen-Balto. Md.	

RECEIVED
26
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02828

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster; LENGTH OF STAY (in this place) life; HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. # 4

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Westminster; STREET ADDRESS (If rural, give location) R.F.D. # 4

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Pauline (Last) Shaffer

4. DATE OF DEATH: (Month) March (Day) 15 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, or DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 20, 1868

9. AGE last birthday: 83 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Carroll County, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Massicot

14. MOTHER'S MAIDEN NAME: Hannah McGreeny

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: A.T.Shaffer R.4 Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Disease of Coronary Arteries	Few Hours 1 day
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-vascular disease	Several years
	(c) Senility	Several years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1946, to Mar. 15, 1952, that I last saw the deceased alive on March 15, 1952, and that death occurred at 12 30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C.J.Billingslea M.D. Westminster, Md. 3-17-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: Mar. 19, 1952; NAME OF CEMETERY OR CREMATORY: Kriders Cemetery; LOCATION (City, town, or county) (State): nr Westminster Md.

DATE RECD BY LOCAL REG. 3/17/52; REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: John R. Byers Westminster, Md.

RECEIVED
MAR. 19 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

2829

Reg. Dist. No. 50-75

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Manchester — LENGTH OF STAY (In this place): 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Long View Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodsboro
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print) (First) Ann (Middle) E. (Last) Shaw

4. DATE OF DEATH (Month) March (Day) 19 (Year) 1952

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 12-11-1865
9. AGE last birthday: 86 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George M. Shaw
14. MOTHER'S MAIDEN NAME: Sarah Holbruner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): no
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Miss Katherine Catshall, Balto Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic myocarditis

4221 Antecedent cause(s) (b) Arterio Sclerotic Cardio Vascular disease

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-3, 1951, to 3-19, 1952, that I last saw the deceased alive on 3/19, 1952 and that death occurred at 9:15 P.m., from the causes and on the date stated above.

SIGNATURE: Joseph E. Bush — (Degree or title): M.D. — ADDRESS: Hampstead Md. — DATE SIGNED: 3/19/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 3/22/52 — NAME OF CEMETERY OR CREMATORY: Mt. Hope Cem. — LOCATION (City, town, or county) (State): Woodsboro, Md.

DATE REC'D BY LOCAL REG.: March 20/52 — REGISTRAR'S SIGNATURE: ~~Essie S. Benedict~~ Mrs. W. R. S. Denner

24. FUNERAL DIRECTOR: Lowell & Hartzler — ADDRESS: Libertytown & Woodsboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 28 1932
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westminster — LENGTH OF STAY (in this place): 71 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 14 John Street

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westminster
STREET ADDRESS (If rural, give location): 14 John Street

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) S (Last) Sinnott

4. DATE OF DEATH: (Month) March (Day) 14 (Year) 1952

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 10-2-1880
9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stenographer
10b. KIND OF BUSINESS OR INDUSTRY: Public
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Sinnott
14. MOTHER'S MAIDEN NAME: Ann Rebecca Frock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-01-9140
17. INFORMANT AND ADDRESS: Miss Catherine Beck, 14 John St. Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac dilatation	1 wk
422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic myocarditis	18 mos
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar, 1952 to Mar 14, 1952, that I last saw the deceased alive on Mar. 14, 1952, and that death occurred at 7 p m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) S. M.D. — ADDRESS: Westminster — DATE SIGNED: 3/17/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 3-18-1952 — NAME OF CEMETERY OR CREMATORY: St. John's Cemetery — LOCATION (City, town, or county): Westminster (State): Md.

DATE REC'D BY LOCAL REG.: 3/17/52 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: H Bankard Son, Westminster, Md. — ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAR 19 1
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16 8-51

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN rural - Sykesville
LENGTH OF STAY (in this place) 2 yr. 4 mo. 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State HOspital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Annapolis
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
FREDERICK	NORMAN	SMITH	3	13	19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Sep.	3/16/07	44 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fisherman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Annapolis, Anne Arundel Co. Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel William Smith
14. MOTHER'S MAIDEN NAME: Frances Brewer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unk.
17. INFORMANT & ADDRESS: Record, Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Pulmonary tuberculosis	since 1947
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)		
	DUE TO (c)		

0025

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia, paranoid type — 2 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/4, 19 49, to 3/13, 19 52, that I last saw the deceased alive on 3/13, 19 52, and that death occurred at 11:35 A m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) M. D. ADDRESS Sykesville, Maryland DATE SIGNED 3/13/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Mar 15/52	St Anne's	Annapolis	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar. 13 1952	O'Harry Rees	B. L. Hopkins & Son	

RECEIVED
MAR 17 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton
LENGTH OF STAY (in this place) 1 yr. 6 mos. 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) 142 E. High Street

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) LACY (Last) STANTON
4. DATE OF DEATH: (Month) March (Day) 28 (Year) 19 52

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sep.
8. DATE OF BIRTH: September 19, 1908
9. AGE last birthday: 43 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY: B.&O. Railroad
11. BIRTHPLACE (State or foreign country): Elkton, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lacy Stanton
14. MOTHER'S MAIDEN NAME: Georgie Dorsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 218-01-3297
17. INFORMANT & ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Far Adv. Bilat. Pul., Tbc.	1yr. 9mths.
002X	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
	DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 15 1950, to Mar. 28, 1952, that I last saw the deceased alive on Mar. 28 1952, and that death occurred at 1:15 P. m., from the causes and on the date stated above.

SIGNATURE T. F. Vestal (DEGREE OR TITLE) M. D. ADDRESS Henryton, Maryland DATE SIGNED 3-28-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 3/31/52
NAME OF CEMETERY OR CREMATORY Provident
LOCATION (City, town, or county) Elkton, Md. (State)

DATE REC'D BY LOCAL REG. 3-28-52
REGISTRAR'S SIGNATURE Albert R. Swankham
24. FUNERAL DIRECTOR Charles L. Law, 802 Mad. ave. ADDRESS

Deputy Local

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAR 31 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 '83

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Sykesville
LENGTH OF STAY (in this place) 27 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY ~~Maryland~~ Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eccleston
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) DORIS (Middle) LURMAN (Last) Stewart
4. DATE OF DEATH: (Month) March (Day) 17 (Year) 1952

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: not known MAY 7 1881
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Baltimore County
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Charles M. Stewart
14. MOTHER'S MAIDEN NAME: Josephine Lurman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: one hour
DUE TO
420.1 Antecedent cause(s) (b) hypertensive cardiovascular disease — 10 years and longer
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia hebephrenic type — 27 years and longer

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 15, 1950, to 3/17, 1952, that I last saw the deceased alive on 3/17, 1952, and that death occurred at 10 24 A.m., from the causes and on the date stated above.

SIGNATURE Gertrud Sonnenfeldt (DEGREE OR TITLE) M. D. ADDRESS Springfield State Hospital DATE SIGNED 3/17.52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Mar 18 1952
NAME OF CEMETERY OR CREMATORY St Thomas
LOCATION (City, town, or county) Garrison Forest (State) Md

DATE REC'D BY LOCAL REG. 3/18/52
REGISTRAR'S SIGNATURE H. W. Yordich Dry K
24. FUNERAL DIRECTOR H. W. Jenkins & Sons Co ADDRESS 4905 York Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-15 8-51

Item 8 FilmG140 4/9/52 whw

02834

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Willis Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) Willis Street

3. NAME OF DECEASED (Type or Print) (First) Catherine (Middle) Agnes (Last) Thomas
4. DATE OF DEATH (Month) March (Day) 27 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Oct. 14, 1872
9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Westminster, Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Charles B. Roberts
14. MOTHER'S MAIDEN NAME Ann E. Mathias
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ----------
17. INFORMANT AND ADDRESS Mrs. Wm. R. Semans Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral softening — INTERVAL BETWEEN ONSET AND DEATH 1/2 years

332X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 12 1945, to Mar 27, 1952, that I last saw the deceased alive on Mar. 17, 1952, and that death occurred at 1.05 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
G Reese Wilkens M.D. Westminster, Md. 3/28/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF March 29, 1952
NAME OF CEMETERY OR CREMATORY Westminster Cem.
LOCATION (City, town, or county) Westminster (State) Md.
DATE REC'D BY LOCAL REG. 3/28/52
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR John R. Byers ADDRESS Westminster, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 31 1952
BUREAU Vo S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02835

CERTIFICATE OF DEATH

Reg. Dist. No. 75

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester Md
LENGTH OF STAY (in this place) 4 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Long View Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa COUNTY York
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hanover
STREET ADDRESS (If rural, give location) 215 1/2 Broadway

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) Ann (Last) Wildasin
4. DATE OF DEATH (Month) March (Day) 14 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Jan 21, 1859
9. AGE last birthday 93 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) York Co Pa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Michael Boehler
14. MOTHER'S MAIDEN NAME Catherine Walter Hanover

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Rilda G. Wildasin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-Sclerotic Cardio-Vascular Disease — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Feb 16, 1952, to March 14, 1952, that I last saw the deceased alive on March 13, 1952, and that death occurred at 6:55 A.m., from the causes and on the date stated above.

SIGNATURE Joseph E. Bush (Degree or title) MD ADDRESS Hampstead Md DATE SIGNED 3/14/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/17/1952
NAME OF CEMETERY OR CREMATORY Dubs Cemetery
LOCATION (City, town, or county) (State) Hanover Pa R.D. York Co

DATE REC'D BY LOCAL REG. Mar. 14/52
REGISTRAR'S SIGNATURE Wm. S. Denner
24. FUNERAL DIRECTOR W. A. Geiser ADDRESS Hanover Pa

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 41

RECEIVED
MAR 28 1952

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02836

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville, Maryland
LENGTH OF STAY (in this place) 12 yrs. 10 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) Unknown

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) ---- (Last) Winterling

4. DATE OF DEATH: (Month) (Day) (Year) 3-24-52 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3-9-1887

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baker

10b. KIND OF BUSINESS OR INDUSTRY: ----

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Christian Winterling

14. MOTHER'S MAIDEN NAME: Marie Stenger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) --- (If Yes, give war or dates of service) ------

16. SOCIAL SECURITY NO.: 216-24-1683

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Coronary Occlusion	Minutes
420.1	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Coronary Heart Disease	5 yrs.
	DUE TO		
	(c)	Psychosis with convulsive Disorder - Alcoholism	Many years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ---

19b. MAJOR FINDINGS OF OPERATION: ----

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) ----

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ------ (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) ------ M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? ----

22. I hereby certify that I attended the deceased from 3-15-, 1952, to 3-24-52, that I last saw the deceased alive on 3-23-52 19, and that death occurred at 7:45 A.m., from the causes and on the date stated above.

SIGNATURE W. H. Sonnenfeldt, M.D. (DEGREE OR TITLE) ADDRESS Springfield State Hosp. - Sykesville, Md. DATE SIGNED 3-24-52

Walther H. Sonnenfeldt

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE THEREOF MARCH 27 '52

NAME OF CEMETERY OR CREMATORY HOLY REDEEMER CEM.

LOCATION (City, town, or county) (State) 4430 BELAIR RD - BALTO. MD.

DATE REC'D BY LOCAL REG. 3/26/52

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Charles S. Zeller ADDRESS 901 S. CONKLING ST. BALTO. 24. MD.

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VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02837

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Sykesville
LENGTH OF STAY (in this place): 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) Elaine (Last) Young

4. DATE OF DEATH: (Month) (Day) (Year) Mar. 17, 1952 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: Aug. 30 1888

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaac Pulliam

14. MOTHER'S MAIDEN NAME: Lucinda Dixon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Miss. Evelyn Young, Sykesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b)

DUE TO (c)

3317

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/16/52, to 3/17/52, that I last saw the deceased alive on 3/16/52, and that death occurred at 6:50 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Wm. E. Martin M.D. Randallstown Md 3/18/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Mar. 20, 1952

NAME OF CEMETERY OR CREMATORY: Deer Park

LOCATION (City, town, or county) (State): Baltimore Co. Md.

DATE REC'D BY LOCAL REG.: Mar. 18, 1952

REGISTRAR'S SIGNATURE: Harry Weer

24. FUNERAL DIRECTOR — ADDRESS: Weer & Haight Sykesville Md.

RECEIVED
MAR 21 1952
BUREAU V. S.